

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/876,830
	Filing Date	June 6, 2001
	First Named Inventor	Reed, Michael W.
	Title	FLUORESCENT QUENCHING DETECTION REAGENTS AND METHODS
	Art Unit	1656
	Examiner Name	Jezia Riley
	Attorney Docket	17682A-006810US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR

☐ The address associated with Customer Number:
OR

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/86 submitted herewith or filed on _____)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>William L. Respass</i>	Date	9-15-08
Name	William L. Respass	Telephone	(858) 410-4600
Title and Company	Secretary, Epoch Biosciences, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.